

Indiana's Public Health Preparedness Cooperative Agreement History

In August 1999, Indiana began receiving cooperative agreement funding for Public Health Preparedness & Emergency Response through the US Health and Human Services, Centers for Disease Control & Prevention. Indiana received \$95,576 in 1999 and \$141,999 in 2000 for the following areas:

- Preparedness Planning & Assessment
- Surveillance & Epidemiology

By August 2001 we had increased funding to \$581,467 to continue the initial efforts, adding the following focus areas:

- Laboratory Capacity for Biological Agents
- Health Alert Network and Information Technology

Following the events of September 11, 2001 and the subsequent Anthrax response, Congress appropriated emergency supplemental funds for preparedness. Indiana's supplemental funding award was for \$18,536,799. These funds were to be used to increase capacity in the original focus areas with the addition of:

- Risk Communication & Health Information Dissemination
- Training and Education

Until receipt of these supplemental funds, cooperative agreement funds could not be used to build infrastructure to include personnel, rent, phone service, or other operating expenses.

In August 2003 the cooperative agreement requirements increased to include funding allocations for:

- Strategic National Stockpile management and distribution
- Laboratory Capacity for Chemical Terrorism
- Cross Border (International) Early Warning Infectious Disease Surveillance (EWIDS)

In late 2003/early 2004, the ISDH attempted to provide funds to the local level using a district model in which one local health department served as the fiscal authority for Smallpox preparedness and response. Distribution of funds using this method were unsuccessful for the following reasons: funding mechanisms did not exist for counties to effectively transfer funds back and forth over county lines; and home rule impeded effective partnerships and resource sharing across county borders. The ISDH also attempted to purchase materials on behalf of the counties but encountered significant procurement and distribution challenges.

On August 1, 2004 the Local Public Health Coordinator grants were made available to the Local Health Departments. Although ISDH anticipated that future federal funding would likely decrease, ISDH projected that three years of funding would be available to support the LPHC program. However, it was noted each year, and within the grant agreement that continued funding was contingent upon receipt of continued federal funding.

Indiana received its largest award amount of \$20,900,354 on August 31, 2004.

In August, 2005 the federal grant was restructured to include all previous requirements, as capacities under the National Response Plan, Emergency Support Function 8. The new organizational structure included:

- Goals
- Target Capabilities
- Critical Tasks and Actions

During 2005 Performance Measures and Metrics were adopted for accountability. Funds were distributed from CDC to their grantees within the following dedicated streams:

- All-Hazards Preparedness: BASE
- Cities Readiness Initiative: CRI
- Early Warning Infectious Disease Surveillance: EWIDS

Over the course of the next 2 years, the Base funding decreased as dedicated programs were implemented. By August 2006 our Base funding had dropped to \$13,848,908.

ISDH received its first of three Pandemic influenza preparedness supplements in February 2006. Pandemic Influenza Preparedness funding required States to increase their capacity to address the following:

- Operational plans
- Public education
- Alternate care sites
- Medical surge
- Mass care
- Social distancing
- Continuity of operations planning

Funding for Pandemic Influenza planning and exercising was awarded for both federal fiscal year 2006 and 2007, but is anticipated to be eliminated for fiscal year 2008.